

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Utah

BlueRibbon Coalition, Inc.; Sage Riders Motorcycle
Club; and Paul Wells

Plaintiff(s)

v.

Bureau of Land Management, U.S. Department of
the Interior

Defendant(s)

Civil Action No. 4:25-cv-00022-DN

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Bureau of Land Management
1849 C Street NW
Washington, DC 20240

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Isabella Eldridge
bella.eldridge@blueribboncoalition.org
BlueRibbon Coalition, Inc.
PO Box 76
New Plymouth, ID 83655

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Gary P Serdar
CLERK OF COURT

Date: 03/13/2025



Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00022-DN

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Bureau of Land Management
was received by me on *(date)* Mar. 17, 2025 .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*

Per Fed. R. Civ. P. 4(1), on Mar. 17, 2025, I served a true and correct copy of the Summons and
Complaint on Defendant, Bureau of Land Management, by U.S. Certified Mail, Return Receipt Requested.
(See attached copy of Certified Mail Receipt and Return Receipt)

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 4/4/2025

/s/ Isabella Eldridge

Server's signature

Isabella Eldridge, Attorney

Printed name and title

1820 Broone Dr, Norman OK, 73071

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Bureau of Land Management 1849 C Street NW Washington, DC 20240</p> <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 2578 7258 70</p>	<p>A. Signature</p> <p>X <i>Mia Rastan-Wearse</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mia Rastan-Wearse</i> C. Date of Delivery <i>3/29/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

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PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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☐ Return Receipt (hardcopy) \$1.00
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☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$10.10

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Sent To *BLM*
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 City, State, ZIP+4® *Washington DC 20240*

PS Form 380C, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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